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	PLEASE TYPE OR PRINT Entered previous May Show		
	☐ yes ☐ no		
	☐ Ms.		
	Mr. Artist Shella Webb		
	Permanent (Last Name Last)		
	Address 14308 Superior CHB		
	Street City		
	44118 Tel. (216) 932-7223		
	Zip Area Code		
7	Temporary or Studio Address		
`	Street City		
	Tel. ()		
	Zip Area Code		
	If you do not presently live in one of the counties of the		
	Western Reserve, which county were you born in?		
	western reserve, which county were you born in:		
	Collaborator		
	(If Any)		
	If May Show entries are not accepted or not sold:		
	Artist will pick up at Museum.		
	☐ Museum should dispose of.		
	☐ Museum should ship to artist C.O.D. at this address:		
	Special Instructions		
	Special Instructions When processes include below instructions are a drawing of		
	When necessary include below instructions or a drawing of		
	how the object is to be assembled and displayed.		
,	. Shela M. Will		
7	- O Mary IVI, Williams		
	This entry blank must be fully made out and signed. Unsigned		
	entry blanks will not be accepted.		
	Note carefully calendar for delivery and return of objects. It is		

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Shula M. Will